

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/171236  
FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	17		17			
TOTAL DEP.	20	↔	18	↔	↔	
TOTAL CLAIMS	37	35				

IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↔	
TOTAL DEP.				↔	↔
TOTAL CLAIMS					

Best Available Copy